

STATE OF LOUISIANA

DIVISION OF ADMINISTRATION

PERSONNEL ACTION REQUEST

Date Prepared:

I.	Section:	Time Admin. No.	Soc. Sec. No.	Personnel No.	
Name:		Leave Earning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Race:	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
					Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Classified <input type="checkbox"/> Student <input type="checkbox"/> WAE <input type="checkbox"/> Unclassified <input type="checkbox"/> Board/Commission Member		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hrs./Wk.		FLSA: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	
II.	Nature of Action:		<input type="checkbox"/> New Hire Type: <input type="checkbox"/> Pay Adjustment Type: <input type="checkbox"/> Other Type:		<input type="checkbox"/> Promotion <input type="checkbox"/> Demotion <input type="checkbox"/> Detail
			Proposed Effective Date		Ending Date
III.	FROM		TO		
Section:			Section:		
Job Title/Job No.			Job Title/Job No.		
BiWkly Pay: Hrly Pay: Pay Level:			BiWkly Pay: Hrly Pay: Pay Level:		
Position No.: Special Pay <input type="checkbox"/> Type:			Position No.: Special Pay <input type="checkbox"/> Type:		
<input type="checkbox"/> SER <input type="checkbox"/> On Call <input type="checkbox"/> Shift Diff.			<input type="checkbox"/> SER <input type="checkbox"/> On Call <input type="checkbox"/> Shift Diff.		
Safety – Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No			Safety – Sensitive <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the position to be used is not in your T.O., which position do you want to swap out of your T.O.?					
Position No./Title:					
IV.	Remarks/Work Schedule/Justification:				Work Parish:
V.	A. Org. Unit No.	B. Cost Center (AFS Org.)	C. Object	D. Sub-Object	E. Rept. Category
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		B. Cost Center (AFS Org.)	C. Object	D. Sub-Object	E. Rept. Category
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OFFICIAL USE:					
Qualified:		Action Reason:		Certificate No.: Score:	
DEPT Preferred <input type="checkbox"/> Yes <input type="checkbox"/> No		Layoff Referral List <input type="checkbox"/> Yes <input type="checkbox"/> No		Selective Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transcript <input type="checkbox"/> Yes <input type="checkbox"/> No		Training Series: Date:		Certified Date/Initial:	
PPR:		Perm: Barred:			
Pay Authority:		Pay Reason:		Certified Date/Initial:	
Position Allocation:		ISIS/HR:			
ISIS/HR Processing:		C.O.C.#		Certified Date/Initial/Per. No.:	
VI.	Section Head		Date	Appointing Authority	
				Date	